


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P94000074685
 1. Entity Name
DANMARCO, INC.



Principal Place of Business
9501 S.W. 124 TERRACE
MIAMI, FL 33176

Mailing Address
9501 S.W. 124 TERRACE
MIAMI, FL 33176

DO NOT WRITE IN THIS SPACE



04292004 No Chg-P CR2E034 (10/03)

4. FEI Number
65-0537954 Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SROUR, JACOB
9501 S.W. 124 TERRACE
MIAMI, FL 33176

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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$160.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SROUR, JACOB
STREET ADDRESS	9501 S.W. 124 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	SROUR, BEATRIZ
STREET ADDRESS	9501 S.W. 124 TERRACE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	SROUR, MARK
STREET ADDRESS	9501 SW 124 TERR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	D
NAME	SROUR, DANIEL
STREET ADDRESS	9501 SW 124 TERR
CITY-ST-ZIP	MIAMI, FL 33176
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 05/03/04-80185-003 150.00

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered

SIGNATURE: Beatriz Sroure 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #